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Psychopathology associated with coronavirus disease 2019 among pregnant women



TO THE EDITOR: I read with great interest the article by Di Mascio et al¹ on the outcome of coronavirus disease 2019 (COVID-19) during pregnancy. They highlighted key features of COVID-19, including increased rates of cesarean delivery and preterm labor. However, there was a lack of report on the psychological sequelae of COVID-19 and the knock-on effect this will have on maternal and neonatal outcomes. Although a minority of pregnant women have severe coronavirus infection, the psychopathology associated with this pandemic has clear neonatal and maternal outcomes. In this letter, I will highlight the urgent need to also focus on the psychological impact of the coronavirus during pregnancy.

There have been several reports of increased psychopathology in pregnancy during pandemics—especially anxiety, depression, and posttraumatic symptoms. Higher rates of psychopathology were associated with infection concern, inadequate prenatal care, and social isolation from support networks.²

There has been a dramatic decline in prenatal care attendance, which is correlated with number of regional cases. This can lead to untreated perinatal psychopathology, which is a risk factor for poor postpartum health and postnatal depression. The lack of engagement with healthcare services may also partially explain increased rates of cesarean delivery during the pandemic. Currently, many women are only allowed 1 partner in the delivery room and nonessential visits are banned. Perinatal support is associated with reduced pain, positive psychological well-being, and increased satisfaction during labor, so it is likely that these policies will have detrimental knock-on effects on perinatal mental health.

The COVID-19 pandemic has led to a spike in violence against women. The reasons for this include economic stress and disaster-related instability. Social distancing policies limit the ability of the victim to distance themselves from abusers or access external support. Domestic violence is associated with psychopathology, especially increased rates of depression, anxiety, posttraumatic stress disorder, and suicide.³

Impaired perinatal mental health has profound consequences for both the mother and child. Increased perinatal psychopathology is associated with maternal alcohol and drug misuse and future suicide. Maternal anxiety, depression, and psychosocial stress are associated with premature birth, low birthweight, fetal growth restriction, disrupted maternal-infant bonding, and disordered neurodevelopment.⁴

Precautions to reduce disease burden tend to promote isolation, reduce engagement with perinatal services, weaken support, and increase domestic violence. Future research should aim to identify at-risk groups, monitor psychological sequelae of COVID-19, and investigate subsequent maternal and neonatal outcomes. Future policies need to be weighed carefully against physical and psychological costs. ■

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